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**Dr Tim G Townshend**  
**3.03 Claremont Tower**  
**Newcastle University**  
**Newcastle NE1 7RU, UK**  
**Email: Tim.Townshend@ncl.ac.uk**

## ***Abstract***

People in deprived neighbourhoods live shorter and healthier lives than those in less deprived ones. Socio-economic status alone does not explain the difference. There is increasing evidence that the physical environments in which people spend their lives are implicated in health disparities.

Traditional shopping streets in the UK have changed out of all recognition in the last few decades. In poorer neighbourhoods there has been a burgeoning of a potentially toxic mix of high interest money lenders, betting shops and nutritionally poor fast-food restaurants. This situation has become entrenched since the economic recession 2007/8.

While research has explored the links between certain types of outlet and health/wellbeing – e.g. proliferation of takeaways and obesity - the impact of the collocation of a range of unhealthy shops has received less attention.

This paper explores the evidence around exposure to unhealthy shops and services and how this may impact on communities. The work underlines the need to consider these potentially unhealthy areas more holistically. The research concludes that while restrictive planning policies to prevent proliferation of some of these uses may have some currency, more proactively urban designers need to fundamentally rethink these places and what they offer to the people they serve.

# Title: Toxic High Streets

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## 1. Introduction

It has been long known that health and wellbeing has a strong socio-economic gradient. Poorer people suffer worse health than the wealthy - moreover, these differences manifest themselves from the global to the neighbourhood level (CSDH, 2008). In the UK, people in poorer neighbourhoods die on average seven years earlier than those in the wealthiest areas and have increased likelihood of spending their shorter lives coping with debilitating illnesses, or disability (Marmot, 2010; Ellaway *et al.*, 2012). Straightforward socio-economic differences explain much of the differential, but not all. As highlighted by Sarkar *et al* there is growing consensus among epidemiologists that built environment factors “especially those influencing healthy eating, physical activity and social interactions, are independent predictors of health outcomes” (2014: 90). However, the way in which social and physical environmental factors interact to create the differential exposures, which in turn lead to poorer physical and mental health for some in society, are as yet poorly understood.

In England the National Planning Policy Framework charges the planning system with creating healthy communities (DCLG, 2012) and further states that local planning authorities must work with public health colleagues to develop robust evidence that addresses barriers to improving future health and wellbeing. The responsibility for public health has also been transferred to local authorities in England from April 2013 (*Health and Social Care Act*, 2012). It is argued that these reforms are a much needed recognition of the relationship between place, health and wellbeing and the influence that “planning housing and other environmental functions have on improving health and wellbeing and reducing health inequalities” (Ross and Chang, 2012, :5).

This research attempts to understand the impact of clusters of unhealthy shops and services on local communities. Three key themes emerge from a review of literature related to the subject, these are; access and proximity encourage consumption; some unhealthy behaviours are mutually reinforcing; and poorer communities are targeted for exploitation by unscrupulous businesses. The research includes a case study of two streets in Newcastle-upon-Tyne (Newcastle) to provide empirical evidence that suggests while the change in our local retailing areas has undoubtedly impacted upon the health and wellbeing of local communities, these impacts are not necessarily at the forefront of the average person’s consciousness. Moreover, communities may displace fears over impact, by either associating use with certain, discrete groups in society – for example labelling payday loan companies as used by “the poor” without necessarily acknowledging this may encompass an entire neighbourhood. More generally the displacement of shopping by food outlets - takeaways and cafes – is largely normalised, provides a community focus for some ethnic minorities and moreover, at least provides a sense of vitality to these struggling areas. The work concludes that planners and urban

designers need to work with local communities to reassess these areas and address those issues that communities themselves see as problematic. However, in doing so, they also need to ensure the positives of these outlets, such as the provision of space for social interaction, are not overlooked. The following section sets out the context of change in contemporary high streets, before addressing the empirical research.

## **2. Contemporary Shopping 'High Streets'**

The (in)famous quote 'England is a nation of shopkeepers' originating from Smith's magnum opus *The Wealth of Nations* (1776) seems strangely ironic from a contemporary standpoint. In England and throughout the rest of the UK, traditional shopping areas have changed out of all recognition in the past two to three decades. Major centres have mostly become so called 'clone towns' - dominated by multi-national chain stores and often derided as dull, they are generally surviving (some even thriving), despite the collapse of many well-known household names<sup>1</sup> since the recent recession took hold in the UK (2007/8). In upmarket neighbourhoods many retail areas have already bounced back, where traditional retail parades of grocers, bakers and butchers have been replaced by continental bistros, coffee shops, delis and boutiques selling expensive knickknacks. Regenerated, reinvigorated, restyled in heritage colours, they present the epitome of a modern urbane lifestyle (Carmona, 2014).

In many poorer neighbourhoods the situation could not be more different. In some areas shops have simply emptied – whole parades lie vacant and boarded up. In other areas – and/or in combination with increased vacancy – there has been an unprecedented growth of an unhealthy, and potentially harmful, 'toxic', mix of uses. These include fast food takeaways and 'all you can eat' buffet style restaurants, selling energy dense, nutritionally poor food; sub-prime money lenders - offering instant cash and 'pay-day' loans at extortionate interest rates; and betting shops where traditional betting on sporting events has been almost completely supplanted by electronic gaming machines (EGMs) – on these it is possible to gamble hundreds of pounds in minutes. To this list might be added other uses, such as tanning salons, body piercing parlours, shops selling cut price (sometimes counterfeit) alcohol and tobacco and so on. It is this type of shopping area which is the focus of this paper.

The recent crisis in traditional shopping streets in the UK has received much attention in the popular media and has even been the subject of a number of TV programmes. Some of these have featured retail consultant Mary Portas, who was commissioned by the former coalition government in 2011 to carry out a review on the future of High Streets. The Portas Review focussed on the economic problems of shopping areas and how to revive their flagging fortunes, particularly in addressing escalating vacancy rates (2011). Almost incidentally, the report suggests that too many fried chicken or betting shops, can prevent an area from being vibrant and 'thriving' (ibid :29). However, a wider

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<sup>1</sup> For example Woolworths, Habitat, Jessops etc

connection to community wellbeing and flourishing is not made. In response to the Portas Review the government introduced a number of measures including rate relief for smaller businesses – however this covers most businesses, so for example includes unhealthy uses such as fast food takeaways (HM Treasury, 2013)<sup>2</sup>.

### **3. Access, Availability, Consumption**

From a professional ‘place making’ perspective, toxic High Streets would appear to have almost everything wrong with them. Visually chaotic, they are a riot of poor quality plastic shop fronts, gaudy over-sized and badly designed advertising, traffic noise, smell and detritus (Townshend, 2014b). The location of low order goods retailing, such as fast food and convenience shops, have very short ‘desire lines’ - in other words these type of outlets exist primarily to serve the immediate community (Dicken and Lloyd, 1990). Intuitively, therefore, these places and their clusters of unhealthy shops and services will impact local community health and wellbeing; however, the evidence is somewhat piecemeal.

Most pertinent research investigates specific health problems/issues – the most developed work being around nutritionally poor energy dense food consumption – popularly referred to as ‘junk food’. It is known, for example, that the food environment (that is food that is all around us) influences our diet (Charriere *et al.*, 2010; Caspi *et al.*, 2012). The proliferation of poor quality fast food outlets have been concentrated in poorer areas in England (Macdonald *et al.*, 2007). Low income groups consume a higher proportion of processed high fat and sugar foods. Food that is energy dense and yet nutritionally poor is implicated in the current high rates of obesity. Obesity in turn is linked to severe health problems, for example, type-2 diabetes, coronary heart disease and some cancers. While the exact links between environmental exposure to nutritionally poor food, consumption and health outcomes are complex (Lake *et al.*, 2010; Lake *et al.*, 2014 research has begun to highlight the deleterious effect exposure can have on maintaining a healthy diet, particularly for certain groups in society such as adolescents (Sinclair and Winkler, 2009) and recent research has asserted there is a direct link between neighbourhoods with higher concentrations of unhealthy food outlets and childhood obesity in older children (Cetateanu and Jones, 2014).

Evidence linking the physical access and availability of other unhealthy uses with consumption is less well developed. Gambling, while relatively safe at some levels as a social activity can become problematic for some individuals (that is gambling that disrupts normal patterns of life) and in turn can be associated with dependence on alcohol and substance abuse, which links to physical health problems (Ben Cave Associates, 2012). In the UK, gambling has been recast relatively recently as ‘entertainment’ and a legitimate part of the leisure industry. A significant change to gambling has

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<sup>2</sup> The changes only came into effect on 01.04.14 so have yet to be assessed

been described as the ‘phenomenal’ (Cassidy, 2012) development of machine based gaming (globally, not just in the UK) over the past few decades, though this is disputed by the industry itself. In the UK definitive facts and figure are hard to come by, not least because betting machine are classified into twelve different categories by the Gambling Commission dependent on size of stakes and prizes (Gambling Commission, 2014). Fixed Odd Betting Terminals (FOBT), those that offer higher stakes and are associated with betting shops, were not recorded before 2007 in the British Gambling Prevalence Survey, however a ‘small but significant increase’ was recorded in these between 2007 and 2010 (Wardle *et al.*, 2011: 25). However, in the UK betting shops were traditionally a location for betting on horse and dog racing, as well as the results of other sporting fixtures. After taxation changes in 2001<sup>3</sup> electronic gaming machines (EGMs) were introduced to betting shops, with almost instantaneous popularity. EGMs have been associated with problematic gambling in North America, South America, Australasia and across East and Western Europe (Storer *et al.*, 2009; Clarke *et al.*, 2010; Productivity Commission, 2010) including Britain (Griffiths, 2010). Research has also shown that EGMs are more available in areas which are most economically disadvantaged (Marshall and Baker, 2001; Marshall and Baker, 2002; Wheeler *et al.*, 2006; Doran and Young, 2010; Young *et al.*, 2012a; Rintoul *et al.*, 2013). Moreover research from the US has linked proximity to gambling opportunities, social deprivation in neighbourhoods and problematic gambling (Welte et al, 2004).

It is also well-established that problematic gambling is linked with other health risk behaviour such as drug and alcohol abuse and psychiatric disorders (Petry *et al.*, 2005; Lorians *et al.*, 2011). Adequate evidence linking the proliferation of EGMs in betting shops with use and problematic gambling and /or wider community impacts does not exist in the UK. A report by the former Shadow Secretary of State has however highlighted the clustering of betting shops in low income areas and the problems associated with them, including increases in anti-social behaviour and petty crime (Harman, 2011); similar issues were reported by a review of the issue in Haringey (Haringey Council, 2011). There is, however, broader evidence from the US that *accessibility* is a key factor in encouraging gambling. Here research has shown that gambling venues close to home, work or regularly traversed routes that were open long hours were particularly influential with problem gamblers (Thomas *et al.*, 2010). This complexity of multiple environments is already discussed in relation to food access and availability (see Burgoine *et al.*, 2014). However compelling research has been carried out in Australia that suggests direct geographic distance from home to gambling venues is influential, with both gambling participation and frequency of visiting gambling venues inversely related to distance from home; there was no additional distance effect for problem gambling (Young *et al.*, 2012b).

The main health threats from services that may encourage poor money management and indebtedness are in relation to mental health. Many poorer neighbourhoods have seen the withdrawal of mainstream

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<sup>3</sup> From a tax on stakes and winnings of customers to tax on the gross profits of bookmakers

banking services. In their place ‘pay-day loan’ shops, pawnbrokers and similar sub-prime lenders have burgeoned; a phenomenon widely observed in the US (Graves, 2003; Prager, 2014). In the UK the pay-day loan industry has burgeoned from £900m in 2008-9 to around £2.2b in 2011/12 (House of Commons Business Innovation and Skills Committee, 2014). The Audit Commission has highlighted that unscrupulous moneylenders take advantage of people with a poor credit profile (2009); moreover research shows people with low levels of ‘financial literacy’, that is, the ability to understand basic financial matters, are susceptible to payday loans. Furthermore, for those vulnerable to using these sources of finance, increased exposure adds to pressure to take out multiple loans, either consecutively, or simultaneously (Gathergood, 2011). Both taking out multiple payday type loans and problem gambling are associated with increased indebtedness. While there is limited research which definitely demonstrates causation, people who incur debt are at increased risk of developing common mental disorders (Meltzer *et al.*, 2012). However, as with betting shops, studies linking the location of payday loans outlets with (over)use, resultant indebtedness and health consequences have yet to be carried out in the UK.

Finally, access to alcohol is also a complex picture. Alcohol, in effect is a controlled drug, it is sold in licenced premises for consumption at the place of sale (pubs, bars, restaurants and so on) or from shops and stores for consumption at home (off-licences). Alcohol consumption in the UK has featured heavily in the national media as well as academic and policy writing as cause for concern. The traditional British ‘pub’ that might well be located on, or near neighbourhood shopping parades has declined hugely in numbers in the recent past<sup>4</sup> (BBPA, 2012). However drinking at home spurred on by easily available and relatively cheap alcohol has increased in recent decades. This is potentially more harmful as people may drink too much, particularly as it is not measured as on licensed premises, and at the same time rationalising that is safer than drinking in public (Holloway *et al.*, 2008; Foster and Ferguson, 2012).

There have been a number of studies that have explored links between community level exposure to alcohol availability and levels of consumption. A review in 2012 found inconclusive results between outlet densities and consumption – however, none were British (they were mostly based in the USA where consumption patterns differ markedly from the UK), they included both on- and off-premise sales, urban and rural locations and several focussed on specific groups such as adolescents, or students (Bryden *et al.*, 2012); so their conclusions must be treated with caution. The review however indicated there was evidence to suggest greater advertising may be associated with increased consumption; shop window ‘posters’ are a prominent form of advertising and frequently used by UK off-licence premises, even if alcohol is one of a range of products sold. A study in Scotland focussing

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<sup>4</sup> Overall public houses have declined from 69,000 in 1980 to 51,178 in 2010 (that is nearly a quarter) though this includes rural as well as urban locations

on adolescent drinking concluded that adolescents living close to an off-sales outlet were more likely to drink frequently, as were those living in areas with multiple off-sales premises (Young *et al.*, 2013). There is also a current study in Wales which is investigating change in alcohol outlet density with a range of health related measures, such as alcohol-related hospital admissions, the results of which will be invaluable to understanding these relationships (Fone *et al.*, 2012).

There are no known studies that specifically explore the link between shops, services and mental health. Though one study found a correlation between high levels of retail access at neighbourhood level and depression in older men (Saarloos *et al.*, 2011) most evidence suggests that high levels of mixed land use is seen in positive terms in relation to healthy ageing, or put simply as creating a good place to grow old (Chinmoy *et al.*, 2014; Townshend, 2014a). There have been a number of studies that have looked at other aspects of the built environment and psychological problems. Most of these, however, have focussed on residential quality – looking at factors such as territoriality, overcrowding, noise and so on – these suggest a clear link between psychological stress, mental problems and poor quality built environment, but a positive link between space for community interaction, social capacity building and community wellbeing (Evans, 2003; Guite *et al.*, 2006; Aray *et al.*, 2007; McNeely *et al.*, 2013).

While some of the literature is tentative, there is evidence that supports a hypothesis that access to and availability of shops and services that might support unhealthy or harmful behaviours promote consumption. In addition to the significant gaps in the research however is any investigation of the impact of the colocation of specific shops and services. The extent to which, for example, the colocation of unhealthy/harmful uses entrenches and/or reinforces healthy/harmful behaviour is unknown. What is known is that commentators on retail analysis suggest colocation is never random and the fact that retail is highly location-sensitive has been established for a long time. Colocation of similar types of outlet is widely explained from both a supply and demand side, so for example consumers will expect low prices in clusters and customers are attracted by a variety of slightly differentiated products (Fisher and Harrington, 1996; Krider and Putler, 2013); both would seem highly relevant to fast-food purchase in poorer areas. On the supply side, shared infrastructure and reduced risk in location choice are of relevance. Moreover, drawing on traditional theories of location (central place theory and bid rent theory) Larsson and Oner conclude that retail clusters are also created by retailers seeking to be close to complementary services that ensure demand from consumers (2014); defined as ‘inter-attraction’, this would seem to explain why unhealthy shops and services locate together while falling short of proving they serve the same customer base.

Set against this evidence base it was decided to carry out an empirically based research project that sought to question to what extent the colocation of fast food outlets, sub-prime financial services and gambling had perceived and/or observable impacts on poorer neighbourhoods in Newcastle. Based on



what was found, the project then aimed to explore what role urban designers might take in helping to address these issues.

#### **4. Pilot Study: Local Shopping Streets in Newcastle**

Newcastle is the regional capital of the northeast of England. Northeast England has some of the worst health profiles in England and in Newcastle life expectancy for both men and women is lower than the national average. Men in the most deprived areas of the city live on average 13.7 years less than those in the least deprived areas, for women the difference is 10.8 years (Public Health England, 2014). Many local ‘high street’ shopping areas have been a significant increase in the number of potentially unhealthy shops and services that have occupied retail units over the recent past. Three key themes emerge from the literature reviewed in the first part of this paper; firstly that proximity and availability encourages use of specific unhealthy shops and services, for example fast food. Moreover that some unhealthy behaviours are clearly linked, such as problematic gambling and alcohol abuse. Finally that unscrupulous businesses deliberately target poorer communities with these unhealthy outlets. While no research was found which investigated the impact of the clustering of the different types of uses associated with unhealthy behaviour, the implication is that these areas might encourage mutually reinforcing unhealthy behaviours among the local community.

The research project aimed to investigate whether there is a role for urban designers and planners to work with local communities in trying to address these areas. To achieve this aim the study had three key objectives: to undertake observation analysis of shopping areas where unhealthy shops and services have located in order to more fully understand day to day life in these areas; to glean perceptions of these areas from local users through direct communication and by interviewing locally elected representatives; and through the analysis of observations and qualitative data to investigate the extent to which there was evidence that unhealthy behaviours might be encouraged by the character of the built environment and what it offered the local community. A case study based approach was chosen and two shopping streets that had clusters of unhealthy shops were selected for investigation as ‘typical’ examples of streets that might be found in many major UK cities; West Road and Chillingham Road, Newcastle. Both run through poorer neighbourhoods in the city and both are located on the boundaries of (that is they divide) two wards<sup>5</sup>. Both have clusters of unhealthy uses and there has been a local campaign to restrict further expansion of hot food takeaways on Chillingham Road in particular. While the two streets share many similarities, as described below there are also some differences.

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<sup>5</sup> These are the lowest level of administrative districts in England which have elected representatives who serve on the governing body of the local authority; in this case Newcastle City Council.

West Road, as the name implies, is the major artery into and out of the city from a westerly direction. It directly links to the main north-south route between England and Scotland on the east coast, the A1, which lies just to the west of the city boundary. It is therefore a busy, heavily trafficked route. The main shopping parade is concentrated in a short area (approximately 400m). The shopping area lies at the heart of some of the poorest neighbourhoods in the city – inner suburbs of Benwell and Elswick to the south and parts of Fenham to the north; the area has an ethnically very diverse population. The shop units in the area are small – usually with a frontage of approximately 5m, some purpose built, others converted from residential houses, constructed in the late 19<sup>th</sup>- early 20<sup>th</sup> centuries (Fig 1). Some units have been combined to create larger units under one ownership/tenancy – there are currently 61 units operating as businesses of various kinds. They are mostly assembled in small terrace, at the end of residential streets which run off the West Road, north and south at 90°. There is a higher concentration of units on the northern (the sunnier side) of the street. In total there is approximately 270m of shop frontage on the north and 150m of shop frontage on the south side of the street (Fig 2); see table 1 for a breakdown of uses.

Chillingham Road is the main commercial street in the inner suburb of Heaton which lies around two miles east of Newcastle City Centre; an area somewhat less deprived than West Road, it also has a less-ethnically diverse population (that is, it is mostly white) and has a substantial student presence. Chillingham Road runs in a north-south direction and therefore, does not have the same distinction in micro climate between the shopping parades (Fig 3). There are 41 retail units operating over a 600 metre stretch, however the main cluster is around 400m in length (Fig 4). Again most of the property was developed around the late 19<sup>th</sup>- early 20<sup>th</sup> Centuries, however, there has been some redevelopment, including a ‘Tesco Metro’<sup>6</sup> (Fig 4).

### *Methodology*

A mixed methods approach was taken to the study and the empirical study was conducted over a six month period in 2014; with 4 additional street interviews carried out in Spring 2015. The case study areas were carefully surveyed (uses, opening times, advertisements, featured offers and so on) and a series of structured observations, during week-day and weekends, day-time and evening were carried out, using discreet vantage points such as local cafes; field notes were taken and logged into a spreadsheet organised by time, location, activity and actors. These observation analyses set out to systematically analyse visible behaviour patterns (who, when, where, what action) within the case study locations, taken the vantage point of ‘secret outsider’ (Zeisel, 2006: 197).

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<sup>6</sup> Tesco Metro supermarkets are one of a number of similar initiatives by major supermarket chains in the UK to open small-medium sized stores aiming to serve local communities – partly developed in response to criticism of the proliferation of car orientated edge-of-town/out of town hyper-markets in the 1990s.

The planning history of both areas was also fully investigated and all applications logged and evidence such as objection letters recorded and scrutinised. Locally elected representatives (two for each of the wards represented) were interviewed as a proxy for a wider community voice – with the exception of one ward where only 1 representative agreed to be interviewed. These interviews were semi-structured, they were recorded then fully transcribed and analysed using a framework method; they are anonymised and coded as C.We.1-3 for West Road and C.Ch.1-4 for Chillingham Road - any words from the interviewer are indicated with an ‘I’. A focus group from young adults in the two areas was also conducted, this is coded FG and ten-on street interviews were conducted using availability sampling<sup>7</sup>; the interviewees are given pseudonyms. Each element built upon the observation study i.e. with the intention of elucidating observed behaviour and to provide insight in the perceptions of the case studies and people’s interaction with them.

The study was funded by Newcastle University Faculty of Humanities, Arts and Social Sciences and went through University ethics procedure approval. The study was necessarily developmental and it is hoped that it will lead to future comparative work with other locations.

### *Findings- current overview*

The structured observation analysis suggested that between 10.00am and early evening the primary motivation for people to visit was routine day to day shopping – signified, for example, by the number of people observed with shopping/carrier bags. However, overall during both weekday and weekend observations both streets were described as mainly ‘quiet’ at most times – despite the mostly clement weather during the observation periods. Moreover, while the takeaway outlets open from around 11.00am, their trade was generally infrequent during the day apart from lunchtimes, when for example, local workers appeared to purchase from them as did workmen in vans who pulled up on the street outside. One notable exception was a locally based bakery with branches in both locations which appeared routinely busy throughout the observation days.

Certain venues, particularly a chip shop on Chillingham Road and a fried chicken shop on West Road, were busy around 3.45 for 20-30 minutes after local schools closed (teenagers in various school uniforms were observed) – echoing the research of Sinclair and Winkler (2009) and Cetateanu and Jones (2014). Many other outlets appeared to have steady trade from early evenings onwards, so that overall the vitality of streets was much the same in the evening as it was during the day. Importantly, however it was not just the takeaways and corner stores that were open late into the evenings. Men’s barbers, for example, were also open late and indeed were busier in the evening than during the day and provided places of social interaction for specific ethnic groups.

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<sup>7</sup> The intention was to undertake 10 on each street but this target proved impossible to achieve, in the end material from the 10 street interviews is included no claim is therefore made in relation to how representative of the wider community the interviews are.

The prevailing opinion among shoppers and locally elected representative was that while both streets have problems and limitations they both still serve their local communities as foci for retailing and social contact. Chillingham Road was described for example, in the focus group as having “a lot of nice shops” and being more than “just takeaways...”. The situation on West Road was more complex, as one local councillor described,

*“The West End [the generic name for neighbourhoods the West Road runs through] is now the most ethnically diverse area of Newcastle. Many of the shops and some of the cafes serve specific communities, different groups you know... some act as little hubs for those communities...” C.WE.2*

This was supported by observation analysis, where small groups of people were observed from different backgrounds - South Asian, Middle Eastern, African and East European were identified with certain businesses. Moreover it was clear these businesses did not just serve the ethnic communities

*“It’s great, at XXXXX you can get great big bags of spices and chilli powder and that for the same price you’d pay for a tiny jar in the supermarket and the veggies are cheaper too” Jan*

Despite this diversity not everyone was happy with the provision on West Road, one of the street interviewees bemoaned that there was little on offer,

*“I don’t do much shopping here to be honest, there’s nothing much I want to buy- just the chemists when I need something for the bairn (child)” I: What would you like to have here?  
“Some better shops – more choice!” Cath*

### **Recent Changes**

The planning history of the two case study locations was revealing. Both streets had undergone major changes in the recent past. Infrequent applications for hot food takeaways stretched back to the 1980s. In both locations, these illustrated the deep rooted and steady transformation of these streets. However, there had also been a flurry of applications since 2008, 7 applications on West Road all of which were granted, a further one was currently to be decided at the time of writing, while an additional application for an eat-in restaurant was also granted during this period. On Chillingham Road there were also 7 conversions to hot food takeaways granted and 3 for eat-in cafes; a further change of use from a retail unit to a betting shop was also recorded. Therefore, for example, out of 15 takeaways on West Road just under half had been granted planning permission since 2008, on Chillingham Road the number was 7 out of 18. The elected representatives were asked for their reaction to the figures, there was general agreement that the figures were not a surprise, but disagreement about the cause,

*“Yes I’d say since the recession things have gotten much worse, lots of sole traders have gone... there was a clock repairer, things like that, but there always seems to be a market for another pizza place” C. Ch.1*

*“No I couldn’t say that [connection to the recession]... it’s more the changing population the increase of students in the area...” C.Ch.3*

Moreover, the connection between students and takeaways was expressed in the street interviews and focus group, even though the student population is not that significant around West Road, “...there’s a lot of students so that’s why they’ve got all the takeaways” (Barbara). While the proliferation of takeaways was associated with the ‘studentification’ (Smith and Hubbard, 2014) of the areas, there was almost incidental recognition they were not the only people who used them, as one councillor observed,

*“Don’t forget a lot of this unhealthy food is cheap... it’s a cheap way to feed hungry kids”*  
C.Ch3

While such an assertion is clearly open to challenge, it was noted on one visit that a that grocery shop was selling 4 small baking potatoes for 0.99p, the takeaway next door was selling a ‘large portion’ of fried chips (probably roughly the same quantity of actual potato) for the same price. The baking potatoes might be a healthier option, but it obvious to see the temptation of the ready cooked and ready to consume chips. Moreover, while the assumption among the community was that takeaways served limited sections of the community, the observation analysis recorded a very wide range of age groups and ethnicities using the takeaway outlets and this analysis did not support the perception they were mainly used by students in either location.

While takeaways were largely associated by participants with the student population, betting shops and payday loan businesses were clearly labelled by the respondents as used only by “the poor” and both were portrayed as preying on the vulnerable, for example,

*“The people that use them [payday loan shops] are on the lowest incomes, or no income and basically cannot afford the payments” C.Ch.2*

and

*“I often see mothers with young children [in the payday loan shops] they are desperate and they want to sort it there and then” C.Ch.3*

Thus general perceptions very much reflected academic research that these businesses deliberately target the poorest in society (Graves, 2003; Prager 2014). There was also some evidence, however,

that students used them as well, a member of the focus group admitted, though the distinction was drawn between real need and imprudent use,

*“....when I did it I was just doing it for frivolity, I was doing it cos I was at uni, oh I’m already in a lot of debt I’ll just do it again, but some people do genuinely do it cos for the need for money, it’s not good because they should have another opportunity...” FG*

Betting shops often referred to as ‘bookies’ by the participants were also perceived to target those who could least afford their services,

*“Yeah I think part of these reason they target poor people is because by putting them in poor areas, poor people want to be richer naturally, so by putting them in poor areas people will turn to gambling to try and get themselves richer” FG*

Only one of the street interviewees was a regular visitor to the betting shop, he was asked for his opinion of the EGMs,

*“You’d have to be an absolute crack-a-jack<sup>8</sup> to use them things man” Gaz*

On this subject public opinion clearly concurs with academic research evidence (Young *et al.*, 2012a; Rintoul *et al.*, 2013). What was interesting in the way the discussions were structured was that “the poor”, or “poor people”, appeared to be perceived as a sub-group within communities, even by those elected representatives, rather than necessarily as applying to the communities as a whole. It is also worth noting that participants made clear distinctions in the perception of the different uses, suggesting that while fast food might not be particularly good, they didn’t perceive them as problematic in the way they did payday loans, or betting. This is interesting since health problems associated with obesity receive far more attention in the UK media than for example problematic betting, though payday loans have been much in the national and local media (not least because one provider has controversially been Newcastle United’s football team sponsor since 2012).

## **Impact**

There was general agreement among the participants that location did impact on propensity to access these uses for example,

*“I think it plays on your consciousness a bit more, so say if you’re walking past and you think oh I can see a bookies there I might go past and go in whereas if you don’t see it you don’t think about it...” FG*

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<sup>8</sup> Local term for a person with little sense

Other sensory reactions came into play, particularly agreement that the smell of the food shops encouraged people to use them,

*“...it helps me personally, besides I don’t mind the smell of takeaways, they do smell quite nice” Doug*

The various participants were asked for their perceptions of the clustering of the businesses under discussion and whether the concentration had an impact on the neighbouring areas. Interestingly the clustering of takeaways was perceived positively by the focus group and some of the on-street interviews,

*“Yeah it just puts the choice up in front of you so it means that you can pick what you want straight away rather than going up and down trying to work out what you want” FG*

Other positives mentioned included the job opportunities they provided, that they provided “a service” to the local area and that they were better than a “lot of empty shops”. These views do begin to challenge our assumptions about what creates acceptable public realm and how professional and lay views may diverge.

When the local representatives were asked whether they thought local communities were concerned about any of the uses, the replies were almost exclusively couched in terms of environmental impact, not in terms of detriment to physical and mental health and wellbeing. For example, in this exchange,

I: *“Do local residents have concerns about the number of takeaways?”*

R: *“Yes absolutely! Residents have raised the issue, because it detracts from the area [I: Detracts in what way?] “Well they feel it brings the tenor of the area down, because it’s seen as cheap and nasty” C.Ch.4*

Other issues that had been raised by the local community concerned rubbish, for example food containers and wrappers and discarded food that was associated with encouraging vermin.

With regard to co-location, that is the juxtaposition of different potentially harmful outlets, the most compelling conclusion was that any impacts/problems had simply not occurred to most of the participants. When probed some of the local representatives did acknowledge that there were potential issues, even though this wasn’t that clearly expressed,

*“Hmm, I suppose having all these things together might be a problem... yes the overall impact on communities is probably negative” C.We.Ch1*

And Gaz the betting interviewee admitted to “*buying a few cans*” after losing in the betting shop and then added if he won he’d “*buy a bottle of vodka!*” And one interviewee made the link between alcohol and fast food consumption,

*“When you’ve had a drink and you’re on the way home like they smell really nice don’t they? I never set out intending to eat a kebab and chips, but after a few pints like I can’t help myself!” Ian*

There was little evidence from the observation analysis, however, that unhealthy services were used in conjunction. For example no-one was noted using the payday loan shop and then going straight to the betting shop, nor, despite Gaz’s assertion, having exited the betting office making their way straight to a cut price alcohol off-licence. While these connections may be there at the individual and, therefore, at the community level, there was no evidence that these were necessarily played out that obviously, or publicly.

### ***UK Planning and Control***

One issue that came out very clearly from the discussions with the elected representatives was that the planning system in the UK was currently ineffective in tackling the issues of restructuring of high streets, for example the issue of ‘financial services’ was raised. Currently in the UK a mainstream bank can change to sub-prime money shop, or even a betting shop without planning permission, because they are all classified as ‘financial services’ in the UK system. As one of the elected representative commented,

*“...the situation on West Road has become much worse in recent years... for years there was only one pawn shop, now there are several. I remember noticing one of the shops was a Nationwide Building Society (mainstream financial provider) one day and then it was a payday lender the next, we have no control over that as a council...” I: How do you think that affects local people? “I’m sure the local community is adversely affected, if you need cash and you have no alternative what are going to do?” C.We.2*

Changes in the use class order, particularly in relation to betting shops were suggested in the wake of the Portas Review (2011) but have not been progressed.

In relation to takeaways, at the time of the research, Newcastle City Council was preparing a policy document. In the absence of policy attempts had been made to refuse planning applications on the grounds of causing nuisance to adjacent residential properties,



*“We objected to the chip shop we didn’t think it was the right place, we thought it would smell and it was refused. Of course they appealed to Bristol [the Planning Inspectorate] and of course it was allowed and then we had all these local residents saying to us, what did you do? Why didn’t you refuse it? And of course we did! C.Ch.1*

In this case though the planning system only considers the impact on immediate properties complaints had been made to the local representative from residents up to approximately half a mile away. While there had been no attempt to refuse the application on health grounds, where local authorities have used the impact on local health as reason to refuse proliferation of takeaways, backed up by supplementary planning guidance, there has been mixed success with a number of refusals overturned at appeal (Lake *et al.*, forthcoming). The issues highlights the complexity of joining up planning and health objectives a topic returned to in the discussion below.

Some planning restrictions were circumvented, for example restaurants are effectively operating as takeaways,

*“...there’s no parking and he’s not supposed to do takeaways, but you see the taxis pulling up and people running in...” C.Ch.3*

Issues were also outside of planning control, for example, for a period of time a mobile caterers (described as a “burger van” by the respondent) set up in the vicinity of Chillingham Road on land belonging to a major infrastructure provider and 100 metres from a local school. The local authority claimed it was powerless to act as the van was outside of licencing regulations; the land owner was unresponsive to local protests.

### **Discussion: A role for urban design?**

This research project set out to more clearly understand the day to day life of potentially toxic high streets – areas typical of those in poorer communities in the UK that have fundamentally changed in recent time as a result of significant restructuring the retail sector. The literature suggested three themes for exploration, proximity and access; connections between different types of unhealthy use; and the deliberate targeting of poorer communities. It must be admitted that while the research methodology was designed to explore these dynamics the overall picture that emerged from the empirical work was somewhat equivocal. Clearly there was evidence that proximity and convenience were factors in terms of consumption, but whether this was deliberately exploitative was questionable; certainly in terms of fast food. There were also links made between types of potentially unhealthy behaviour, for example drinking alcohol and fast food consumption and gambling and alcohol consumption. However again the extent to which it might be seen as causing actual harm was less obvious. One of the clearest findings was that the local community perceived fast food outlets as

much less harmful than other potentially unhealthy uses despite the fact that obesity and consequent ill-health is rarely out of the British media currently.

At first glance the results of this study may not present many clear directions for urban designers working in these environments. They may work within planning restrictions to try and curb greater proliferation of certain uses, however, it might be argued that in the case of fast food outlets for example, this is rather ‘shutting the stable door after the horse has bolted’. Moreover, given that the fast food outlets were generally not viewed as a ‘problem’ by local communities, overly restrictive policies may prove to be a more of a cause of antagonism than seen as responding to local aspiration. On this point it is difficult to judge how this study sits with previous work since while research on food environments often explores perceptions of accessibility and availability it tends not to explore communities perceptions of how harmful fast food outlets are ((Caspi *et al.*, 2012)Ref to be added).

Therefore while restrictive policies will have their place, perhaps particularly in relation to betting and sub-prime financial services and should not be abandoned, it might be argued that an alternative approach would be to try and ‘design in’ health supportive environments as much as possible to these areas within the existing scope of the public realm. While these may not ameliorate the problems caused by unhealthy uses, they may be symbolic to the communities they serve. As Fig 1 illustrates the environmental quality of the street is extremely poor, West Road is choked with traffic, has a generally poor pedestrian environment and non-existent opportunity for cycling. Newcastle is currently undertaking major investment in cycling infrastructure, but the first route to be completed (Strategic Route 4) will connect the city centre with one of the leafier and wealthier suburbs to the north (Newcastle City Council, 2013). This may reflect the current demand for cycling and be an easier community to convince of the efficacy of the investment, but this seems to miss the point. Moreover recent examination of cycling initiatives in England suggests that investment does lead to increased levels of cycling, the largest relative increases were in deprived areas where benefits are arguably most crucial (Goodman *et al.*, 2013).

Another aspect is to address pockets of ‘left over’ space. There are many of these on both the streets researched, for example where access to side streets has been blocked off. Redundant planters, tree pits and so on, which have been largely abandoned by the city council since the recession, may be used to grow fruit, vegetables and herbs; particularly using local groups to take ownership and maintain these. There are for example local garden allotment societies within easy reach of both the case study streets, one in particular near West Road maintains plots for school children, asylum seekers and other groups. Utilising these spare spaces could be an extension to this commitment. There are precedents for this approach. The Incredible Edible Todmorden movement (see <http://www.incredible-edible-todmorden.co.uk/>) started with a small group of volunteers effectively guerrilla gardening small pieces of public space with edible food. It has subsequently evolved into

substantial local food movement. It may be unlikely to significantly change people's consumption habits, but it would send out messages about reconnecting people with food and how it is grown as well as providing a more pleasant and greener environment for the pedestrian. More broadly the health benefits of greener environments in terms of reducing stress and encouraging social interaction are well-established (Cohen, 2004; Maas *et al.*, 2009). Likewise some small spaces might be used to design in activity, such as skate boarding, or perhaps even more ambitious activities like Parkour. If young people are going to congregate near the chip shop after school each day, presenting them with the opportunity to burn off some calories could only be a good idea and as has been pointed out in other studies this is a much neglected age group (**Ref to be added**).

More generally we might view the presence of food outlets as not wholly negative since they add life and use to areas that might otherwise be largely lifeless and some provide foci for some minority groups both as an economic opportunity and as a meeting venue for BAME groups, urban designers and planners might productively explore whether those positives of vitality and providing space for social interaction and capital to develop might be more fully exploited while working with other local authority sectors such as public health and environmental to help tackle nutritional standards for example Kirklees Council, have successfully run masterclasses on how to deliver healthier fast food without effecting taste, or cost, for outlet operators (Muhammad, 2015 ). Undoubtedly more interdisciplinary research involving both built environment and public health disciplines is needed to assess how more joined up approaches may work in practice.

## Conclusion

This paper set out to explore whether the colocation of and exposure unhealthy and potentially harmful shops and services might contribute to health disparities in poorer neighbourhoods in the UK. As such it is UK centric, both in the analysis and suggestions for possible interventions through urban design. Unfortunately however the problem of obesity is increasing an issue that unites nations not just across the developed world but in rapidly developing countries too. Moreover problems of addiction and poor mental health also disproportionately affect poorer communities wherever they live and generally health disparities are growing globally. The academic evidence would strongly suggest there is a link between proximity, availability, accessibility and consumption of unhealthy shops and services.

Providing evidence of exacerbated impact from colocation proved beyond this study, however, important themes did begin to emerge. Not least that while using a health/planning lens it may be tempting to consider these places as entirely negative, there is hidden complexity and conflicting perspectives. As urban designers we may be able to use a more nuanced understanding of this to help mould these places in a way which allows healthier human flourishing, not least by working with local communities to design in elements in the built environment which are associated with supporting healthier lifestyles and this is something that might be universally applied.

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## Figures

Fig 1 Photo of West Road

Fig 2 Plan of West Road

Fig 3 Plan of Chillingham Road

Fig 4 Photo of Tesco Metro